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FROM: Rick Shoop

DATE: July 31, 2006

Number of pages with cover page:	4	Originals Will Not Follow
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Preparer of this slip has confirmed that facsimile number given is correct: 12464/JLC11

Comments:

Attorney Docket No.: 595992000600
Group Art Unit: 3739
Examiner: P. Vrettakos
Application No.: 10/779,529
Filed: February 13, 2004
Inventors: Daniel V. PALANKER et al.
Title: ELECTROSURGICAL SYSTEM WITH UNIFORMLY ENHANCED
ELECTRIC FIELD AND MINIMAL COLLATERAL DAMAGE

Papers attached:

1. Transmittal (1 page)
2. Revocation of Power of Attorney with New Power of Attorney and
Change of Correspondence Address (1 page)
3. Statement Under 37 CFR 3.73(b) (1 page)

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PTO/SB/21 (09-04)

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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>		Application Number	10/779,529
		Filing Date	February 13, 2004
		First Named Inventor	Daniel V. PALANKER
		Art Unit	3739
		Examiner Name	P. Vrettakos
Total Number of Pages in This Submission	3	Attorney Docket Number	595992000600

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address (1 page) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Statement Under 37 CFR 3.73(b) (1 page) 2. Fax Cover Sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Rick Shoop		
Date	July 31, 2006	Reg. No.	45,763

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Dated: July 31, 2006

Signature: (Janis L. Coop)

pa-1083630

PTO/SB/82 (01-06)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/779,529
	Filing Date	February 13, 2004
	First Named Inventor	Daniel V. PALANKER
	Art Unit	3739
	Examiner Name	P. Vreftakos
	Attorney Docket Number	59599-20006.00

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I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
OR

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☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature Katharine Ku

Name Katharine Ku

Date 7/21/06 Telephone (650) 423-0690

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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pa-1079681

PTO/SB/88 (09-04)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Daniel V. PALANKERApplication No./Patent No.: 10/779,529 Filed/Issue Date: February 13, 2004Entitled: Electrosurgical System with Uniformly Enhanced Electric Field and Minimal Collateral DamageThe Board of Trustees of the Leland
Stanford Junior University

a

University

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Katharine Ku

Signature

7/21/06

Date

Katharine Ku

(850) 723-0690

Printed or Typed Name

Telephone Number

Director, Technology Licensing

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